



GUAM BOARD OF EXAMINERS FOR OPTOMETRY
123 Chalan Kareta Mangilao, GU 96913



APPLICATION FOR LICENSE BY ENDORSEMENT

Under Public Law 16-123, Article 5, Section 12506 and 12507, provision is made for the Board of Optometry to grant licenses by endorsement in lieu of a written examination. Following is the list of information required in order for the applicant to be considered under this section of the law.

Date of Application: _____

A. IDENTIFICATION

1. Name: _____
(Last) (First) (Middle) (Maiden)
2. Current Mailing Address: _____
(Street or P.O. #) (City) (State) (Zip Code)
3. Telephone: _____ Social Security #: _____ Email: _____
4. Date of Birth: _____ Place of Birth: _____
(City) (State) (Zip Code)
5. Email Address: _____

B. EDUCATION

1. Name of High School: _____
School's Address: _____
(Street or P.O. #) (City) (State) (Zip Code)
2. Name of College: _____
School's Address: _____
(Street or P.O. #) (City) (State) (Zip Code)
3. Name of Optometry School: _____
School's Address: _____
(Street or P.O. #) (City) (State) (Zip Code)
4. Date of Graduation: _____
5. List Degrees Obtained: _____

PLEASE CONTINUE ON REVERSE SIDE

C. LICENSE INFORMATION

1. State of Country Current Licensed: _____

Date of Issue: _____ Expiration Date: _____

2. Has your license ever been revoked/suspended or investigated? () Yes () No

If Yes, please explain on separate sheet.

Practice Plan on Guam:

D. REQUIREMENTS

SEE ATTACHMENT

E. AFFIDAVIT: To be sworn to before a person authorized to administer oaths that the applicant is the one named in the application and that the information furnished and documents submitted are true and correct in every aspect.

NOTE: False information will be considered prima-facie evidence for denial or acceptance of application or the revocation of your license at a later date even through previously granted.

(Signature of Applicant)

Subscribed and sworn to before me this _____
Day of _____, _____.

Notary Public _____
(Print Name)

2x2

My Commission Expires _____
(Date)

Signed

Notary Public Seal _____
(Signature)

Photo



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ENDORSEMENT VERIFICATION FORM

A. INSTRUCTIONS

1. Applicant completes Part B of this form. Type or Print.
2. Send this form to your state of original licensure (include processing fee that state may require)
3. Your state of original licensure will return this form **directly** to the Guam Board of Examiners for Optometry.

B. TO BE COMPLETED BY APPLICANT

1. Name: _____
(Last) (First) (Middle) (Maiden)
2. Current Mailing Address: _____
(Street or P.O. #) (City) (State) (Zip Code)

3. License Information:

Original License to practice Optometry:

State: _____ License No.: _____ Date Issued: _____

I hereby authorize the licensing authority to furnish the Board of Examiners for Optometry the requested information contained in Part C.

(Signature)

(Date)

C. TO BE COMPLETED BY LICENSING AUTHORITY

1. Original License to practice Optometry:
2. License Status: _____ Active _____ Inactive _____
3. Was this license ever been encumbered in any way (revoked, suspended, surrendered, restricted, limited or probation)? _____ No _____ Yes

PLEASE CONTINUE ON REVERSE SIDE

4. Name of School: _____

Address: _____
(Street or P.O.#) (City) (State) (Zip Code)

5. Degree Conferred: _____

6. Year of Graduation: _____

7. Was school approved or accredited at the time of applicant's enrollment?

_____ Yes _____ No By whom? _____

I hereby certify that the above information represents accurately the information on file with this agency,
for the above-named individual.

Signed: _____

Title: _____

State: _____

Date: _____



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CERTIFICATE OF OPTOMETRY EDUCATION

THE APPLICANT BELOW IS APPLYING FOR LICENSURE TO PRACTICE OPTOMETRY ON GUAM. PLEASE SUPPLY THE FOLLOWING INFORMATION AND RETURN DIRECTLY TO THE GUAM BOARD OF EXAMINERS FOR OPTOMETRY.

PART A TO BE COMPLETED BY APPLICANT:

1. Current Name: _____
(Last) (First) (Middle)
2. Previous Name Used: _____
(Last) (First) (Middle)
3. Social Security No.: _____ Birthdate: _____

I hereby authorize release of a copy of my academic record to the Guam Board of Examiners for Optometry.

(Signature)

(Date)

PART B TO BE COMPLETED BY THE OPTOMETRY SCHOOL ADMINISTRATOR OR REGISTRAR:

1. Name of Applicant: _____
(Last) (First) (Middle)
2. Name of College: _____
Address: _____
(City) (State) (Zip Code)
3. School of Optometry: _____
Address: _____
(City) (State) (Zip Code)
4. Was the School Board-Approved or State Regulatory Agency-Approved during the applicant's enrollment? () Yes () No
If yes, by whom? _____

PLEASE CONTINUE ON REVERSE SIDE

5. The applicant entered the Optometry Education program on _____ and completed the
_____ months program on _____.
(Length)
6. Number of Theory Hours _____; Number of Clinical Hours _____
7. Attached is the **OFFICIAL COPY** of Applicant's Transcripts.

SEAL

Signature: _____

OF

Name: _____

SCHOOL

Title: _____

D. REQUIREMENTS (Application for License by Endorsement)

1. 2 X 2 signed photo taken within the last 3 months.
2. Notarized copy of optometry school diploma.
3. Police Clearance.
4. Two letters of reference from persons not related to applicant attesting that applicant is of good moral character and temperate habits.
5. Notarized copy of high school diploma or equivalent.
6. Notarized copy of optometry school transcript showing courses studied, course grades and number of class hours.
7. Completed Certificate of Optometry Education by optometry school administrator or registrar. **Note:** You must be a graduate of an approved and accredited School of Optometry having a minimum of 4,000 clock hours of instruction. (For a list of accredited schools, see the AOA website at www.acoe.org. Click on Accredited Programs, then click on O.D. programs at school/colleges of optometry).
8. Notarized copy of birth certificate or notarized statement that applicant is 18 years of age or older.
9. Notarized affidavit indicating that applicant is a citizen of the United States or is a permanent resident of the United States who is residing in the U.S. or the territory of Guam.
10. Completed Endorsement Verification.
11. Affidavit signed by the applicant that he/she has been in active optometric practice in the state (one of the 50 states of the United States) licensed or in the federal service for the 7 consecutive years immediately prior to the year in which application is made.
12. Notarized copy of current valid license from any of the 50 states of the United States.
13. This application for License by Endorsement must be complete and notarized.
14. Payment of fee.

Before obtaining license, the applicant must pass a practical examination administered on Guam.



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RECORD OF PAYMENT

I. IDENTIFICATION

Name: _____
(Last) (First) (Middle Init.)

Mailing Address: _____
(Street or P.O. Box #)

(City) (State) (Zip Code)

Signature: _____ Date: _____

II. Verification of Licensure: Please print the complete name used on original license and your Social Security Number.

_____ SS#: _____

III. Fee: Please make all checks or money orders payable to **TREASURER OF GUAM. All fees are **NON-REFUNDABLE**.**

Please check your request(s):

- | | |
|---|-----------|
| 1. () Application by examination..... | \$ 250.00 |
| 2. () Application by endorsement..... | 250.00 |
| 3. () Duplicate License..... | 100.00 |
| 4. () License Fee (Initial)..... | 150.00 |
| 5. () License Renewal..... | 150.00 |
| 6. () License Verification..... | 15.00 |
| 7. () Reinstatement..... | 100.00 |
| 8. () Temporary Work Permit..... | 10.00 |
| 9. () Inactive license (50% of 111.4)..... | 75.00 |
| 10. () Practice Act..... | 5.00 |
| 11. () Rules & Regulations..... | 10.00 |
| 12. () Photocopy (5 pages or less)..... | 3.00 |
| 13. () Photocopy (each additional page)..... | .50 |

FOR OFFICE USE ONLY: Payment - - () Check () Money Order

FIELD RECEIPT # _____ DATE: _____